

Leveraging PECARN investigators to support the State Partnership Program

Questions/Comments:

EMSAs being involved in the dissemination committee

- The plan is to have pre-hospital and hospital based becoming a dissemination vessel but it is a stepped process and finding out when is the right time to do this and how do you grow this
- What do you anticipate the role for State Partnerships and FAN?
 - We view the FAN network as representing the general public and it is really important in our process that we vet ideas and tools with them when we are disseminating
 - They will help us identify those venues and understand that what we are being told by our communications specialists is accurate
 - State Partnerships – legislation and advocacy
- State of California just passed regulations to ensure that 90% of EMS in the state is pediatric ready– there is a great opportunity to collaborate with PECARN to develop strategies to evaluate outcomes and potentially look at readiness before and after legislation. Leveraging how we might look at outcomes before and after will support a statewide facility recognition. It requires a PEEC and engagement in a national peds ready. In LA hospitals do it every year now but this will be a great way for researchers to work with EMS
- Question for State Partnership Grantees? When I think about how challenging it is for yourself and colleagues to uptick performance measures and improve care for kids it can be overwhelming sometimes. Sometimes you may feel that you are not the messenger and there are some audiences like doctors etc. and I imagine there may be some star power with the lead authors in PECARN with this x clinical practice leads to better outcomes. In terms of low hanging fruit to what degree do you think it would be helpful if your Hospital Association has a session that you could have a PECARN researcher there and be engaged with the hospitals thought process
 - Going to look and see if there is a way for us to do something like that but just pushing out information to the pre-hospital side of finding out what is the research behind this and what is evidence based. The papers that go through PECARN and get to our hands that say this works for performance measure and this is what you should be doing. The more that we get the easier our job is and the easier our sell is especially on the prehospital side.
 - Having very short 10 minutes movies/videos/adobe sparks from yesterday that could come out and then we could disseminate. Having a PECARN researcher on retainer is wonderful but having something on video in 10 minutes and sending that out to all hospitals would help graciously. Has support with ENA but not AAP or ACEP.
 - Rural ER docs are mostly family docs and we can be an organization to help move that needle. I like the idea and as long as we are talking about crazy ideas the thing that motivates people is reimbursement and if legislatures could give higher reimbursement to critical access EDs who are embracing this and could become ready then perhaps we can get CEOs to pay attention
 - Think it would work in Oregon – one of the members of the hospital association sits on advisory committee but I think also coming to our EMSC quarterly meetings is not a bad

idea as well. Having those digestible pieces that we can share is great because no one in prehospital will read a paper but having a quick how does this apply to me and video is useful

- The state partners are tasked with putting resources together that can be disseminated. People want that where it can be translated PECARN findings into something they can use and it can bridge those gaps
- Electronic based. Integrating into the software systems would be awesome because no one wants it on paper. They want the resources but they need to be electronic. 2 minute digestible video would be a great thing to share
 - MDcalc is an app that has the PECARN rules on there
 - Another place to look is the TREKK website – the EIIC and all of the work Charles is working on, TREKK has in place from a Canadian perspective
- When we talk about the hospital associations they are happy to send representatives but they are not interested in unfunded mandates. So when we talk about the legislation or how to get reimbursements to rural hospitals and give them a recognition program that is unfunded it is a challenge. They are more than happy to fill out the surveys and share the apps and soundbites that make it helpful for them to make the decisions
- The national association of EMS physicians is starting to have a state chapter process. That national organization is recommending across the country to have state chapters. AEMSP like ACEP is a good organization to consider for dissemination. Through those chapters you can leverage and help disseminate the findings that are happening in PECARN
- Program managers have been requesting the story part of the research that currently backing the research up with stories is thought process. May not have EMS read the article but if we can put a kids story attached to the research will help
- Many of the rural hospitals are run by mid-levels so what are we doing to engage with them because they are interested and hungry for the information. How can we connect with them (Association of Emergency Medicine Physician Assistants). We have to hit family physicians and NPs, and mid-level providers
- So much of the unfunded mandate happens because we do not have the evidence to prove that it could work. We do not do a great job of building that case but if your story includes here is the cost reduction and margin contribution increases. This is what helps/happens it will make a difference.
- Like to know what we as researchers can do to better attend to the needs of our rural communities